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	(Requestor's Name)	
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	(Business Entity Name)	
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COVER LETTER

то:	Registration Section Division of Corporations					
SUBJ		<u></u>				
	Nam	e of Limited L	iability Company			
Dear S	Sir or Madam:					
The er	nclosed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.			
Please	return all correspondence concerning the	is matter to the	following:			
JB R	отн					
	Name of Person					
ROT	H LAW FIRM PL					
	Firm/Company		_			
6100	GREENLAND RD., SUITE 604					
	Address					
JAC	KSONVILLE, FL 32258					
	City/State and Zip Code					
JB@	ROTHLAWFIRM.NET					
-	E-mail address: (to be used for future ann	ual report notif	lcation)			
For fu	rther information concerning this matter.	please call:				
JB R	ОТН	904	595-7900			
	Name of Person		Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
	Enclosed is a check for the following	osed is a check for the following amount:				
	☑ \$25 Filing Fee	□ \$:	55 Filing Fee & Certified Copy			
INHSI	8 (2/14)					

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	lame of the limited liability company: WINDSOR G	EAR LI	_C	
2. (a)	238 RAINEY AVENUE	(b) 238 RAINEY AVENUE		
2 , (2)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	ST. AUGUSTINE, FL 32084		ST. AU	GUSTINE, FL 32084
	09/30/2016		L16000	182838
3.5. (a	Date of filing/registration in Florida ROTH LAW FIRM PL	4.		Document number
J. (a	Registered Agent and Registered Office shown on the records of t	the Florida	i Dept, of Sta	- ie:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) SUITE 2			
	PONTE VEDRA BEACH FL	32082		AUG ISIOH
(b)	ROTH LAW FIRM PL			TANG 14 PH 1: 35
	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	
	6100 GREENLAND ROAD			
	NEW Registered Office Address: SUITE 604			- to
	JACKSONVILLE FL	32258		_
the chagent was/w the ar Sign I heroprovis the obto me.	limited liability company is not organized under the law lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liawere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the latter of a member or authorized representative of a member elby accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete obligations of my position as registered agent as provided rely reflect a change in the registered office address. The driving of this change.	the regis ability co if the lim limited I JEA ee to act perform I for in (stered offic ompany, it in ited liability con AN B RO in this cap ance of my	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in impany. TH, AUTH. REPRESENTATIVE Printed or typed name of signee Printed or typed name of signee
Signat	ure of Registered Agent			